Inter-Local Application for Tuberculosis Prevention and Control for FY 2011 Federal Funds

http://www.dshs.state.tx.us/idcu/disease/tb

Issue Date: 7/6/2010
Due Date: 7/13/2010

Infectious Disease Intervention and Control Branch

1100 W. 49th Street
Austin, Texas 78756-3199

David L. Lakey, M.D. Commissioner

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FORM A: FACE PAGE – Application for Financial Assistance Tuberculosis Prevention

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION

1) LEGAL BUSINESS NAME: COLLIN COUNTY HEALTH CARE SERVICES

2) MAILING Address Information (include mailing address, street, city, county, state and zip code): **Check if address change** ☐

COLLIN COUNTY HEALTH CARE SERVICES
825 N. MCDONALD STREET, STE 130
MCKINNEY, TX 75069

3) PAYEE Name and Mailing Address (if different from above): **Check if address change** ☐

COLLIN COUNTY AUDITOR'S OFFICE
2300 BLOOMDALE ROAD, SUITE 3100
, MCKINNEY, TX 75071

4) Federal Tax ID No. (9 digit), **State of Texas Comptroller Vendor ID No.** (14 digit) or **Social Security Number** (9 digit) : 756000873

The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.

5) TYPE OF ENTITY (check all that apply):

	City		
X	County	For Profit Organization*	FQHC
	Other Political Subdivision	HUB Certified	State Controlled Institution of Higher Learning
	State Agency	Community-Based Organization	Hospital
	Indian Tribe	Minority Organization	Private
		Faith Based (Nonprofit Org)	Other (specify): _____

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

6) PROPOSED BUDGET PERIOD: **Start Date:** **01/01/2011** **End Date:** **12/31/2011**

7) COUNTIES SERVED BY PROJECT:
COLLIN COUNTY

8) AMOUNT OF FUNDING REQUESTED: **$**

9) PROJECTED EXPENDITURES

Does respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? **

Yes ☐ No ☒

***Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.*

10) PROJECT CONTACT PERSON

Name: Patsy Morris
Phone: 972-548-5503
Fax: 972-548-5550
E-mail: pmorris@co.collin.tx.us

11) FINANCIAL OFFICER

Name: Jeff May
Phone: 972-548-4641
Fax: 972-548-4696
E-mail: pmorris@co.collin.tx.us

The facts affirmed by me in this proposal are truthful and I warrant that the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications.** I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

12) AUTHORIZED REPRESENTATIVE **Check if change**

Name: Keith Self
Title: County Judge
Phone: 972-548-4635
Fax: 972-548-4699
E-mail: Keith.self@co.collin.tx.us

13) SIGNATURE OF AUTHORIZED REPRESENTATIVE

Keith Self

14) DATE

7/12/10

FORM A: FACE PAGE Instructions

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms that the facts contained in the respondent's response are truthful and that the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.

2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and zip code.

3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.

4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.

5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

   HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.

   MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

   If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.

7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.

8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from FORM I: BUDGET SUMMARY.

9) **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).

10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.

11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.

12) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.

13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.

14) **DATE** - Enter the date the authorized representative signed this form.

FORM B: APPLICATION TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Respondent COLLIN COUNTY HEALTH CARE SERVICES

This form is provided as your Table of Contents and to ensure that the application is complete, proper signatures are included, and the required attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included
A	Face Page - completed, and proper signatures and date included	X
B	Proposal Table of Contents and Checklist - completed and included	X
C	Contact Person Information - completed and included	X
D	Performance Measures	X
E	Work Plan – included	X
F	Budget Summary Form - completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	
G	Budget Category Detail Forms - completed and included	

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Respondent: COLLIN COUNTY HEALTH CARE SERVICES

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Contract Management Unit.***

Contact:	**CANDY BLAIR**		**Mailing Address (incl. street, city, county, state, & zip):**
Title:	**ADMINISTRATOR**		**825 N. MCDONALD STREET, STE 130**
Phone:	**972-548-5504**	**Ext.**	**MCKINNEY**
Fax:	**972-548-5550**		**COLLIN COUNTY**
E-mail:	**cblair@co.collin.tx.us**		**TEXAS 75069**
Contact:	**PATSY MORRIS**		**Mailing Address (incl. street, city, county, state, & zip):**
Title:	**HEALTHCARE COORDINATOR**		**825 N. MCDONALD STREET, STE 130**
Phone:	**972-548-5503**	**Ext.**	**MCKINNEY**
Fax:	**972-548-5550**		**COLLIN COUNTY**
E-mail:	**pmorris@co.collin.tx.us**		**TEXAS 75069**
Contact:			**Mailing Address (incl. street, city, county, state, & zip):**
Title:			
Phone:		**Ext.**	
Fax:			
E-mail:			
Contact:			**Mailing Address (incl. street, city, county, state, & zip):**
Title:			
Phone:		**Ext.**	
Fax:			
E-mail:			
Contact:			**Mailing Address (incl. street, city, county, state, & zip):**
Title:			
Phone:		**Ext.**	
Fax:			
E-mail:			

FORM D: PERFORMANCE MEASURES

In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal.

The following performance measures will be used to assess, in part, Contractor's effectiveness in providing the services described in this Contract, without waiving the enforceability of any of the other terms of the Contract or any other method of determining compliance.

1. Cases, and suspected cases, of TB under treatment by Contractor shall be placed on timely and appropriate Direct Observed Therapy.

2. Newly diagnosed TB cases that are eligible* to complete treatment within 12 months shall complete therapy within 365 days or less;
**Exclude TB cases 1) diagnosed at death, 2) who die during therapy, 3) who are resistant to rifampin, 4) who have meningeal disease, and/or 5) who are younger than 15 years with either miliary disease or a positive blood culture for TB.*
If data indicates that fewer than 83% of TB cases eligible to complete treatment within 12 months actually complete that therapy in a timely and appropriate manner, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

3. TB cases with initial cultures positive for *Mycobacterium tuberculosis* complex shall be tested for and have drug susceptibility results documented in their medical record. If data indicates a compliance rate for this Performance Measure of less than 97%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

4. Newly-reported cases of TB cases with Acid-fast Bacillis (AFB) positive sputum culture results will have documented conversion to sputum culture-negative within 60 days of initiation of treatment. If data indicates a compliance rate for this Performance Measure of less than 43%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

5. Newly-reported TB cases shall have an HIV test performed (unless they are known HIV-positive, or if the patient refuses) and shall have positive or negative HIV test results reported to DSHS according to the schedule provided herein. If fewer than 78% of newly reported TB cases have a result of an HIV test reported, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

6. Newly-reported suspected cases of TB disease shall be started in a timely manner on the recommended initial 4-drug regimen. If fewer than 93% of newly-reported TB cases are started on an initial 4-drug regimen, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

7. Newly-reported TB patients with a positive AFB sputum-smear result shall have at least three contacts identified as part of the contact investigation that must be pursued for each case. If data indicates a compliance rate for this Performance Measure of less than 90%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

8. Newly-identified contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive TB case shall be evaluated for TB infection and disease. If data indicates a compliance rate for this Performance Measure of less than 80.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

9. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case and that are newly diagnosed with latent TB infection (LTBI) shall be started on timely and appropriate treatment. If data indicates a compliance rate for this Performance Measure of less than 60%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

10.. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case that are newly diagnosed with LTBI and that were started on treatment shall complete treatment for LTBI. If data indicates a compliance rate for this Performance Measure of less than 40%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

11. Newly-reported TB patients that are older than 12-years-old and that have a pleural or respiratory site of disease shall have sputum AFB-culture results reported to DSHS. If data indicates a compliance rate for this Performance Measure of less ~~that fewer~~ than 88.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage on a timeline set by DSHS.

12.. All reporting to DSHS shall be completed as described herein and submitted by the deadlines given.

If Contractor fails to meet any of the performance measures, Contractor shall furnish in the narrative report due March 1, 2011, a written explanation including a plan to meet those measures and to prevent recurrence of such a situation. Nothing in this provision acts to constrain enforcement options for DSHS regarding any contract breach.

The Infectious Disease Intervention and Control Branch Tuberculosis Prevention and Control Program shall calculate performance measurers based on the information maintained in databases kept at the Tuberculosis Prevention and Control Program, through limited scope audits or inspections, and scheduled program reviews of successful applicants.

FORM E: WORK PLAN

Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN Requirements) associated with the services proposed in this proposal. **A maximum of five (5) additional pages may be attached if needed.**

QUESTION 1—Proposed services. The proposed services aimed at the prevention and control of Tuberculosis (TB) provided by Collin County Health Care Services (CCHCS) through its TB Elimination Program include: performing TB skin testing or IGRA (when indicated) and chest x-ray services for the public as well as contacts to TB cases, providing TB-related medical care and Directly Observed Therapy (DOT) for active TB cases, providing Latent Tuberculosis Infection (LTBI) therapy to patients at risk of developing TB disease, providing TB screening for immigrants, performing contact investigations in compliance with the Texas Department of State Health Services (DSHS) and other TB prevention partners, and imparting key information regarding the management of TB patients to medical and professional personnel.

Service area. The area served by the CCHCS TB Elimination Program is Collin County, Texas. Collin County, located in North Texas, is part of the Dallas/Fort Worth Metroplex. The geographical area of Collin County covers 847.56 square miles[1] and is comprised of metropolitan centers, suburban communities, and rural landscapes. The population of Collin County has increased to an estimated 842,364 residents in 2010[2]. McKinney, the county seat, was identified as the nation's fastest growing city between April 1, 2000 and July 1, 2008 when its population more than doubling to 121,211 residents[3]. Collin County's rise in numbers has been relatively diverse from an ethnicity standpoint in comparison with other counties and the state as a whole. With these factors in mind, it is of growing concern that the TB case rate for Collin County has steadily increased from 2.2 to 4.7 cases per 100,000 persons in recent years[4].

POPULATION PERCENTAGE BY ETHNICITY, 2010[5]					PERCENT CHANGE IN POPULATION BY ETHNICITY 2000-2010[5]			
County	White, %	Black, %	Hispanic, %	Other, %	White, %	Black, %	Hispanic, %	Other, %
Collin	71.3	5.7	14.0	9.0	58.5	94.8	133.5	101.5
Dallas	31.7	20.3	41.9	6.1	-22.7	8.8	54.1	44.0
Denton	71.1	7.1	16.0	5.8	50.7	90.5	115.1	94.9
Tarrant	49.1	13.4	30.4	7.1	-1.4	30.3	94.5	100.8
Texas	45.1	11.5	38.8	4.6	3.3	20.8	47.7	69.0

Individuals served from counties outside stated service area. In order to serve community-based TB-related health care needs, CCHCS partners with Collin County Detention Facility, as well as North Texas Job Corps Center (both located in McKinney). Furthermore, CCHCS has partnered with PrimaCare for TB DOT services for unusual situations. Serving individuals outside of Collin County is a challenge that requires diligent attention since the spread of TB can cross geographical boundaries as a result of patients moving and contact exposures. For new reports of suspect TB patients reported to CCHCS where the patient resides in another county, both the Epidemiology staff and the TB Program Manager forward lab results and critical information to the health department where the patient resides in order to expedite the follow up needed for that patient. For a small number of cases, the TB patient's workplace is located in Collin County, even though they reside in another county. Consequently, if the provision of DOT and/or TB services to the out of county TB patient has the potential to enhance compliance, the Collin County Health Authority and CCHCS Administrator will approve extending TB services to the out-of-county patient on a case-by-case basis.

QUESTION 2—Service Delivery System. Collin County Health Care Services (CCHCS) is a local health department whose mission is to protect ant promote the health and people of Collin County. CCHCS provides the following services to the community: childhood and adult immunizations, epidemiology (disease surveillance), Tuberculosis clinic services, STD/HIV clinic services, breast cancer services, WIC program services, state Indigent Program services, and primary care services through a partnership with independent clinics. **The CCHCS organizational chart is attached in the following page**. TB prevention services and control measures for Collin County is the CCHCS Tuberculosis Elimination Program. Services are provided via: patient office visits to CCHCS TB Clinic; home DOT visits for patients; contact investigations; verbal, written, and electronic communication to and from patients, health care providers, hospitals, state TB consultants, and other contacts. Although regular CCHCS business hours are Monday-Friday (8.-11 a.m., 1-4 p.m.), the TB Clinic attends patients Monday-Friday (7 a.m.-5 p.m.), with nursing staff accommodating patient visits as needed.

The program staff workforce currently includes 8 Full Time Employees (4 Registered Nurses, 2 Outreach Workers, 1 TB Registrar, and 1 Contact Investigator) as shown on the organizational chart (Form E-Organization, Resources & Capacity). The CCHCS Medical Director/Collin County Health Authority (MD/CCHA) spends roughly 60% of her work hours providing diagnosis, treatment, and follow up to TB patients during clinic hours and she is assisted by the nursing staff. The MD/CCHA also makes home visits to special needs or non-adherent TB patients as needed. The outreach workers are responsible for DOT visits, and the contact investigator performs DOT as a back up in addition to her contact investigation tasks. To illustrate the challenges facing the TB Elimination Program staff, for FY 2008-2009 (October 2008-September 2009), the team members were responsible for a caseload of 38 TB suspects/cases and a total of 2,311 TB clinic office visits and 4,478 DOT home visits were performed.

Training plays an important role for program staff. It enables them to maintain a reliable working knowledge of TB case management and to keep abreast of important changes in laws/policies dictating patient treatment. Initial training is intensive for new employees—80 hours of instruction from CCHCS TB Elimination Program Manager and successful completion of the Centers for Disease Control (CDC Core Curriculum in Tuberculosis). Training is ongoing throughout the year for all program staff members via courses from CDC (Heartland National TB Center), DSHS, and other health care partners. These trainings include conferences, webinars, online courses, and peer training with other local health department TB program staff. In addition, the TB Elimination Program Manager provides an annual in-service training to address any Collin County-specific TB issues and/or duties. TB staff members, the Chief Epidemiologist, and Medical Director attend a weekly

[1] U.S. Census Bureau, State and County QuickFacts, Collin County, available from http://quickfacts.census.gov/qfd/states/48/4805.html; Internet; accessed 5/5/10.

[2] Texas Department of State Health Services, Texas Health Data—Population, available from http://soupfin.tdh.state.tx.us/pop2000a.htm, Internet; accessed 5/5/10.

[3] U.S. Census Bureau Press Release 7/1/09, available from http://www.census.gov/Press-Release/www/releases/archives/population/013960.html; Internet; accessed 5/5/10.

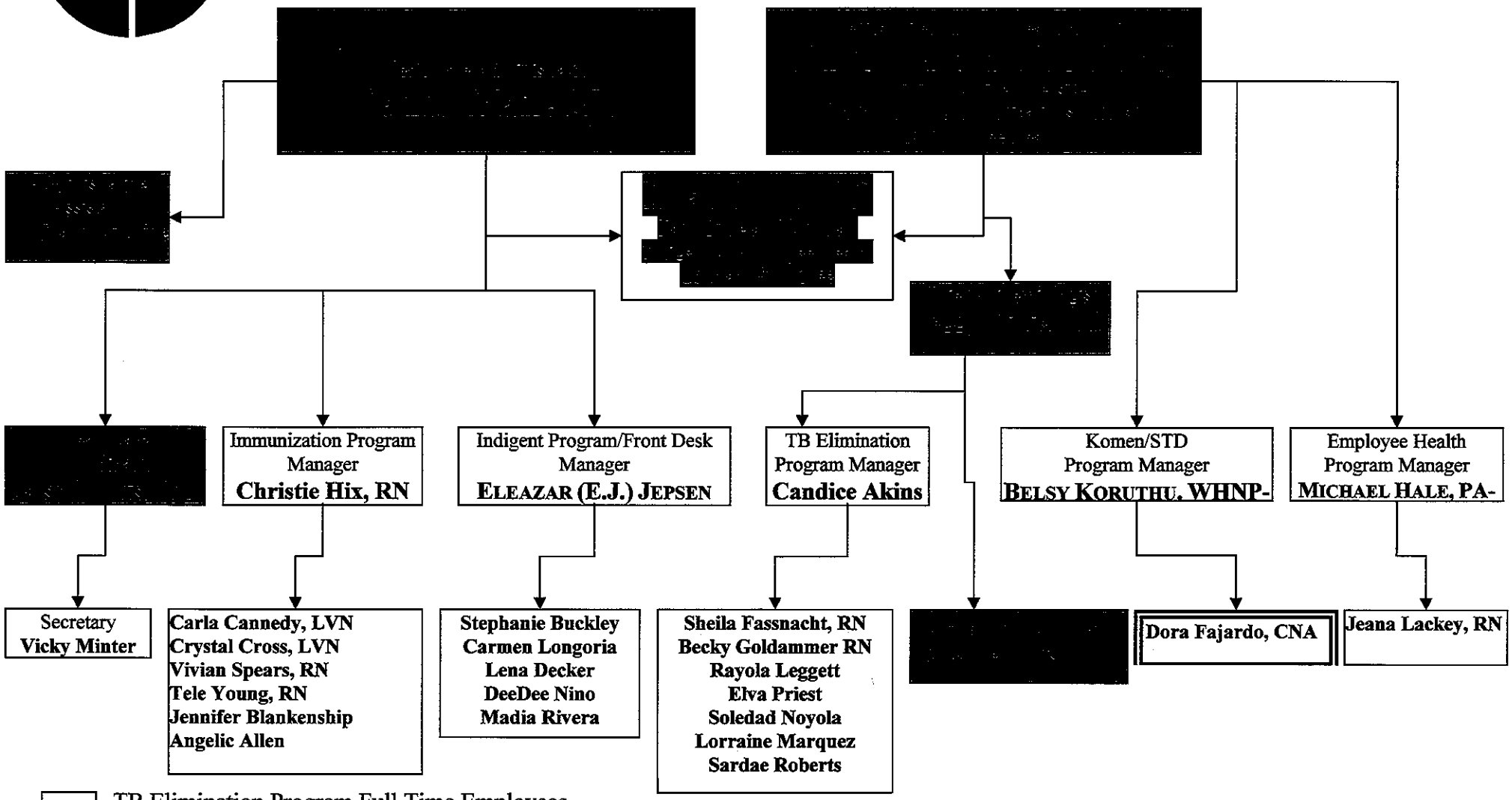
[4] Texas Department of State Health Services, IDCU Tuberculosis Statistics, M.TB Complex Surveillance Data (2003-2007), available from http://www.dshs.state.tx.us/idcu/disease/tb/statistics/countbycnty.pdf; Internet; accessed 22 July 2009.

[5] Texas Department of State Health Services, Texas Health Data—Population, available from http://soupfin.tdh.state.tx.us/pop2000a.htm, Internet; accessed 5/5/10.

case review session where all clients and their status are reviewed as well as the contact investigation discussed.

Policies. The primary set of policies outlining the duties, processes, and functions of the TB Elimination Program is contained in the *Collin County Health Care Services Policy and Procedure Manual—Tuberculosis Clinic.* State-mandated changes occur and are implemented throughout the year. Within 14 days of being notified of the change, the policy and procedures manual is reviewed, edited, and updated annually with the signed acknowledgment of all CCHCS staff members.

COLLIN COUNTY HEALTH CARE SERVICES ORGANIZATIONAL CHART



TB Elimination Program Full Time Employees

Staff available to provide support or spend a percentage of time with TB Elimination Program functions

Updated 7/7/2010

Support Resources. The CCHCS TB Elimination Program has a wide range of support resources. The most accessible support comes from CCHCS staff members assigned to other clinics/areas. For example, the CCHCS Administrator, MD/CCHA, and Chief Epidemiologist perform QA, analyze data, perform case audits, and administrative tasks (managing grant funds, documentation of grant deliverables) for the TB Elimination Program. The CCHCS TB Elimination Program receives limited contract funding from the State of Texas and uses local funding to pay for the majority of its employee salaries and fringe benefits, travel, equipment, supplies, and other TB Elimination Program costs.

The CCHCS Coordinator has managed the TB grant funds from both state and federal agencies since 2008. Other CCHCS employees may provide various levels of support which can include, but is not limited to: data entry, compiling correspondence to patients and other agencies, and communicating with hospital and medical staff regarding labs or patient care. Furthermore, other Collin County departments, such as GIS/Rural Addressing and the Information Technology Department, have provided assistance by mapping out de-identified TB data for analysis and presentation to policy makers to help them understand the scope of TB in Collin County. The CCHCS TB Elimination Program also receives and appreciates the research and expertise offered by the Heartland TB consultants when difficult and/or unique challenges arise in the treatment and infection control of TB patients. In situations where an infectious TB patient becomes non-adherent, the MD/CCHA receives support from the Collin County Sherriff's Office and other local police jurisdictions when law enforcement officers escort her to the patient's home while she is performing her duties as the CCHA.

QUESTION 3—Number of persons receiving services. The Tuberculosis Program Manager maintains a list of each person by disease category status receiving a service performed in conjunction with the provision of TB services by Collin County Tuberculosis Program as their TB status is assessed and treated. She places each person on a clinical monthly report that is filed each month with Collin County Administrative staff. This report lists each person receiving a service based on their TB classification. Each TST, chest radiograph, healthcare worker services and/or treatment with one or more anti-TB medications is counted.

QUESTION 4—How data is collected and tabulated. The CCHCS TB Elimination Program maintains current and historical records of all the services performed for its patients. Both hard copy patient files and electronic records are used to track services rendered. All patient services, treatment, lab reports, radiologic reports, progress notes, DSHS forms, and relevant information are contained in the patient's chart for the duration of their treatment period. The patient's physical chart is retained indefinitely. The Case Registrar transfers specific patient and service information from the DSHS TB400A and/or TB400B forms into Texas Wide Integration Client Encounter System (TWICES). The Epidemiology Health Care Analyst transfers this same information into a MS Excel database as part of the Collin County in-house TB database to support performance measure assessment and documentation. Data is entered for all active TB cases, TB suspects, contacts to active TB cases, and LTBI's. Skin test, sputum test results and chest x-ray results and case information is entered into the TB TWICES according to current state protocols.

How community surveillance is conducted. Community surveillance is conducted throughout Collin County through a partnership with North Texas Job Corps, the Samaritan Inn, and the Collin County Detention Facility (Adult and Juvenile). North Texas Job Corps performs TB skin testing on all campus admissions. The TB Program Elimination staff coordinates treatment of all identified cases of LTBI. Should a Job Corps patient leave the Job Corps program prior to completion of LTBI treatment, the TB Elimination Program staff oversee the transfer of the case to the appropriate health department to ensure treatment continuity. The Samaritan Inn, Collin County's only homeless shelter, also provides TB skin tests to their residents. Moreover, day care providers are required to have employees undergo a skin test at the time of hiring and at yearly intervals. Other health care employers, such as area hospitals, have TB skin testing as a part of pre-employment screening and refer positive skin tests to the CCHCS TB Elimination program for evaluation by the MD/CCHA, treatment, and work clearance.

While CCHCS Elimination Program staff members continually respond to passive laboratory surveillance, they are working towards initiating active laboratory surveillance. On a daily basis, a nurse logs into the DSHS public health laboratory for sputum test results. The results are organized by provider, and the nurses can seek the test of a client based on the date of testing and name of the patient. DSHS calls this system, PHLIMS – Public Health Laboratory Information Management System. DSHS limits access to records and data relevant to a specified facility's' patients and laboratory specimens.

Cases from outside of CCHCS are referred to CC TB Elimination Program based on physician information books and CD-ROMs that have been provided by DSHS and CCHCS to encourage physicians to report diseases listed on the Texas Reportable Conditions list. The Chief Epidemiologists and the Health Authorities in the North Texas Area are well known and communicate/meet on an ongoing basis. The MD/HA and Administrative Health Director meet with the Collin-Fannin County Medical Society Meetings on an ongoing basis. This high visibility for Dr Marshall, the Health Director and Medical Director, of the Collin County (CC) TB Elimination Program facilitates physician referrals to the program. In addition, CCHCS is well known and has a good relationship with area hospitals and their Infection Preventionists. Cases are frequently referred to the program from county providers.

Outbreaks and how they are managed. An outbreak of TB in Collin County would be defined as more than one case of active TB in a household or other identifiable cohort, with contact known to spread TB (i.e. a workplace with shared transportation.) An outbreak would be handled by providing initial and follow up skin testing of all contacts to the active TB case. Contacts would receive a thorough assessment and treatment for LTBI as indicated by current practice standards. The active TB case would be referenced as the index case to the contacts on both the DSHS forms in the patient file and in the MS Excel database.

The CCHCS TB Elimination Program has successfully treated and managed several TB outbreaks as defined above. For example, a TB outbreak occurred within an extended family that lived in crowded conditions in a trailer home in rural Collin County. The index TB case is the patriarch of the family and the contact investigation revealed that there were 6 other family members living in the home, including: his wife; his married daughter, son-in-law and their infant son, a young adult daughter; and a daughter still in high school. The infant grandson living in the shared home was admitted to Children's hospital and treated for active TB. The remaining five family members living in the home were treated for LTBI. Aside from the family members living in the same household, the index TB case has an adult son who lives in a separate residence with his wife, 6 year old son, 4 year old son and 1 year old daughter. The contact investigation performed by the CCHCS TB Elimination Program staff revealed that there were additional close contacts that needed to be assessed and possibly treated. Even though he lived in a separate residence, staff members came to understand that the 6 year old grandson spent a great deal of time after school at his grandfather's home. Due to the 6 yr old grandson's symptoms, he was admitted to Children's Hospital where he received a complete medical evaluation and subsequently began a four-drug therapy regimen. Also, because the 6 year attended a public elementary school, an extensive contact investigation was carried out at the school where 154 skin tests were administered, 8 LTBI cases were identified and treated (2 children, 6 adults). Next, the two other siblings to the 6 yr old grandson, 4 yr old grandson and 1 year old granddaughter, were also admitted to Children's Hospital for evaluation. Of note, the 1 year old granddaughter's gastric aspirates tested positive for MTB. To summarize, from the initial index case of active TB, 4 active pediatric TB cases and 14 LTBI cases were evaluated and treated by the CCHCS TB Elimination Program staff.

QUESTION 5 DATA QUALITY--Data is collected and tabulated on existing TB cases in addition to the new cases of suspect/confirmed TB and LTBI cases that are identified. Referrals may come from physicians, hospitals, or other local health departments. Lab reports and/or notifiable disease reports may be sent by health care providers, DSHS, school officials, detention facilities, and other community contacts either to the Epidemiology staff or the TB Program Elimination staff directly. Contact investigations also have a high probability of producing potential new cases.

Once a new case is identified, a hard-copy patient file is created to maintain all information for all TB and LTBI patients from initial report to case closing. Specific data from the DSHS TB400A, DSHS400B, DSHS TB340, initial case report, toxicity checks, and DOT outreach visits are currently transferred from the hand-written patient file documents for data collection and analysis. Some of the data entry fields include: demographics, reporting source, country of birth, country of origin, date of entry, skin test date and result, chest x-ray date and result, smear date and result, culture date and result, medication, drug resistance, conversion, and link to active TB case. The Case Registrar and the secondary and tertiary case registrars enter the data from the 400A, 400B or 340 as a part of their job function or ongoing training program. The Case Registrar and Health Care Analyst perform the data entry functions throughout as forms are filled out or updated.

The CCHCS Chief Epidemiologist, as supervisor over the Epidemiology and TB Elimination Program staff, oversees the TB Elimination Program Manager, who is directly responsible for data collection. The TB Elimination Program Manager works closely with the CCHCS Chief Epidemiologist to the make sure that the transfer of information from the patient's hard copy file to the electronic database is prompt and accurate. To underscore the importance of the quality and accuracy of the data collection process, the CCHCS Chief Epidemiologist has established Pay for Performance goals directly tied to the data collection for the TB Elimination Program Manager and the Epidemiology Health Care Analyst. The CCHCS Chief Epidemiologist will review the electronic database and randomly reviews 10% of the TB and LTBI cases for accuracy. At this time, all of epidemiology is developing a Quality Assurance process for TWICES protocols.

Another component of our data quality efforts at CCHCS TB Elimination Program is the use of the TB genotyping of cases for better contact investigations. The Chief Epidemiologist and the Health Authority have been working with the experts at the CDC and DSHS to understand how the program works and tracing cases back to clusters and sub-clusters with the objective of improving our case investigations, determining possible transmission areas, and understanding how our population is interconnected.

Written Plan. By September, 2010, CCHCS will have a written plan for QA assessment designed to assess the quality of data collected. Just as Region 2/3's data quality plan is based on the medical directive issued at DSHS for the Texas Tuberculosis Program, Collin County uses the same under-girding mechanism. Two mechanisms are used to assess quality of our TB clinical data. Each case is reviewed by the MD/HA. 10% of the cases are assessed on a quarterly basis by the Program Manager. TWICES data entry has been undergoing a review by DSHS Region 2/3 and has just recently been released to CCHCS for development of Data QA Plan, which is in process. CCHCS uses demographic, key clinical TB assessment, and risk factor indicators with their dates and results as components of the data audit component. The data are submitted to DSHS using TWICES. Epidemiologists review the TB data on an ongoing basis for data entry into our TB data system and annual review.

The Data Quality Plan consists of six phases: 1) Select indicators and reporting period for active cases and LTBI treatment; 2) Confirm/Select Service Delivery Points based on key CDC Measures, DSHS audit tool, DSHS/CCHCS Medical Directives; 3) Discuss cases in weekly case management meetings; 4) Verify Reported Results for key diagnostic time periods and retesting initiatives; 5) Validate timelines and reported results; 6) Draft and discuss audit reports and follow up on recommended actions.

QUESTION 6—Coordination with providers in service area and other community programs. The CCHCS TB Elimination Program staff members work closely with various types of health and human services providers. In some instances, a patient's case may be initially reported to CCHCS, but the patient actually resides outside of Collin County and the staff members coordinate with the local health department where the patient resides to transfer the case. Coordination is especially important for persons who may begin care for LTBI at North Texas Job Corps, but leave the program later on and to return to their previous out-of-county residence. In such cases, information is shared by fax and telephone with the appropriate personnel at the receiving health department in an effort to prevent disruption in treatment. Also, the collaboration between CCHCS and the Infection Control Practitioners working at area hospitals serves as a vital link in keeping up to date with potential cases and obstacles to patient treatment that may arise. These professionals provide early warning and documentation of potential TB cases. Staff members and MD/CCHA act quickly to make contact with patients while they are still in the hospital, deliver the Health Authority Order, and expedite the patient education and contact investigation process. When a case investigation yields contacts who reside outside of Collin County, CCHCS TB Elimination Program staff members coordinate services such as skin testing and chest x-rays with their counterparts in the patient's county of residence to ensure continuity of assessment, case management, and treatment. Another example of coordination is a TB case where staff members worked hand-in-hand with a Department of Family and Protective Services (DFPS) caseworker because children in the household were placed in foster care. The MD/CCHA has also worked with physicians directly when the active TB patient resided in a nursing home as well as working with a Federal Probation officer when the TB patient was under the constraints of probation.

Avoidance of duplication of services. Regarding duplication of service in our service area, infectious disease, pulmonary, primary care, and other specialists refer all suspect and/or confirmed TB patients to Collin County Health Care Services (CCHCS) TB Clinic. Although a TB/LTBI patient may receive an initial skin test or chest x-ray at another location, the CCHCS TB Elimination Program is the final destination for treatment, follow up care, and contact investigation for all county TB/LTBI patients.

Plans for TB educational opportunities to area providers and community programs. CCHCS has partnered with Heartland, Texas Department of State Health Service, neighboring health departments, the Collin-Fannin County Medical Society, and Legacy Children's Medical Center to provide quality education with national TB experts that have a long history with Heartland. The program has been advertised by Heartland and the Collin – Fannin County Medical Society for the North Texas Area.

QUESTION 7—Culturally diverse populations. CCHCS offices are fully compliant with ADA regulations and we have successfully provided long term TB service to paraplegic patients. CCHCS is located centrally within Collin County in McKinney and is within blocks of three major thoroughfares (Highway 75, Highway 380, and Highway 5). Parking, including spaces specifically designated for the disabled, is easily accessible. Patients are seen weekdays from 7 a.m. to 5 p.m. Program staff members make extra efforts to accommodate patients who need DOT either before or after normal business hours. Recently, CCHCS came to an agreement with one of its existing partners, PrimaCare, to allow TB patients to have their DOT performed at a PrimaCare location. With locations throughout Collin County in McKinney, Frisco, Plano, and Richardson and extended hours (8am-9pm weekdays, 8am-5pm weekends), we have confidence that this option has the potential to improve DOT compliance and reduce/eliminate possible disruption to the TB patient's employment.

Assisting patients with TB and LTBI requires the delivery system to have the ability to provide services to culturally diverse populations. The CCHCS TB Elimination Program offers full range of service in Spanish, including consents, educational material, phone service, and clinical management. Also, we have several Spanish-speaking staff members, including the contact investigator and DOT outreach workers. For patients who require assistance in languages other than English or Spanish, the CCHCS TB Elimination Program staff access available educational materials via the internet in a language the patient is better able to understand. For office visits, or verbal communication, the program staff also uses the telephone translation service, Language Line so that the patient has a real-time translation of any instructions or information being dispensed to them. We have recently begun utilization of new CDC (2008) Guidelines Promoting Cultural Sensitivity booklets. CCHCS has incorporated discussion of these various cultures and their needs into our weekly staff meetings.

QUESTION 8—Strategy for Management of TB cases and suspects. The CCHCS TB Elimination Program has two full-time DOT outreach workers dedicated to the delivery and management of DOT. In the beginning of process of working with the patient, the patient's home environment is assessed. Once DOT arrangements are made, a DOT outreach worker uses a county vehicle to deliver DOT directly to the patient at the patient's home or worksite, all the while carefully observing and monitoring

the patient for toxicity and other health problems which may be due to treatment and/or underlying health conditions. Each DOT outreach worker has a county-issued cellular phone in order to be able to immediately and directly contact the TB Elimination Program Manager and/or the MD/CCHA in the event of an adverse reaction to medication or questions regarding medication administration. When these challenges arise, the CCHCS Administrator, MD/CCHA and Chief Epidemiologist work closely with the TB Elimination Program staff to assist where needed.

Incentives and enablers are used to ensure the well-being of TB cases and suspects. Food drives and collections are employed to assist TB patients. All staff monitor whether patients need to be connected with a food bank or some other local resource. The program manager maintains close contact with the local homeless shelter to assure a high visibility with this community.

QUESTION 9—Process for review of cases under management. A program staff member receives and reviews the initial report which typically includes patient demographics, diagnostic results, and treatment information. A patient file is created to hold all of TB-related information necessary for case management. Next, the program staff member follows up with the referring provider/hospital/agency and establishes a discharge care plan or plan of action to transfer the patient's TB care to the CCHCS TB Elimination Program. Then, the assessment and planning phase begins by establishing contact with patient either at home or at the facility in which they currently reside. The staff member verifies the patient's medical history and conducts a review of symptoms.

As part of the patient's (and their family's) introduction to the TB program, the staff member tactfully provides them with information to help them understand the process of managing and treating TB. During that interchange, the staff member can ascertain any TB treatment adherence issues that need to be addressed. Next, the contact investigation begins as close contacts, friends and family are assessed for exposure timeframes. A plan is established to ensure access to care and to encourage adherence to medical care and guidance. During the initial office visit to the CCHCS TB Clinic or during the patient's hospital stay, the patient begins the patient-physician relationship by meeting with the MD/CCHA who will be providing and monitoring care. From that point on, the case is reviewed continually throughout the treatment period. The patient's case is reviewed by the MD/CCHA throughout the patient's treatment, with special focus on detecting problems with adherence, adverse effects to medication, lab results indicating toxicity, changes in health such as pregnancy or diagnosis of other health conditions. The patient is examined by the MD/CCHA at least once a month, but may be seen more frequently if needed. Other considerations such as work/school absences, psychosocial issues, correspondence to U.S. Immigration representatives, correspondence to and from CDC officials, and any other necessary documentation, are kept in the patient's file. In addition, case review by the entire team occurs on a routine basis to assess the patients' status and needs. The TB contact investigation review team (Health Authority, Chief Epidemiologist, Contact Investigator, Program Manager, and others as appropriate) assess the conditions under which the case interacted with those in the community and decide whether the contact investigation needs to be expanded.

Once patient completes the required therapy or the case is transferred because of change in residence, the case is closed according to state mandates. It is important to mention that the CCHCS TB Elimination Program is working towards a more formalized case management system.

QUESTION 10—Strategy for Implementation of Cohort Analysis of Cases Quarterly. CCHCS will follow CDC guidelines for the cohort quarterly review process. According to the CDC's guidelines, all patient cases should be reviewed approximately 6–9 months after the initial case reporting to analyze TB treatment and contact investigation results. The review would follow a cycle which would repeat throughout the year. The Chief Epidemiologist will work with TB Elimination Program Staff members to outline an action plan for the review process which includes assignment of tasks and documenting/reporting findings.

Cohort Review Timeline and Schedule beginning January 2011

TB cases counted Treatment started Contact investigation initiated	Ongoing treatment of patients with TB disease Contacts evaluated and started on treatment, as necessary	Ongoing treatment of patients with TB disease Contacts evaluated and started on treatment, as necessary	TB disease treatment completed Infected contacts continue on treatment for LTBI	Contacts identified in previous year's 1st quarter complete treatment
Cohort review process begins, ongoing case management, case review meetings, cohort review practice session			**Cohort Review Session** Begin to follow up on suggestions from cohort review	Treatment completion rate presented for contacts of cases from previous 1st quarter Continue to follow up on suggestions made during cohort review session

QUESTION 11— Strategy for Management of Contacts and Positive Reactors. The CCHCS TB Elimination Program staff members are committed to quickly identifying contacts to active TB as well as positive reactors. Whenever a case is reported, staff members immediately begin the process of conducting the contact investigations to expedite the discovery of additional active TB cases as well as identifying any LTBI patients who need evaluation and treatment. All staff members are acutely aware that conducting a thorough contact investigation is one of the best means of preventing the spread of TB. Extensive time is invested with all patient contacts. From the initial contact with the patient through to the end of treatment, staff members make sure that the patient has provided a clear and accurate picture of all contacts that may be at risk of infection. Once the contacts to active TB have received their skin tests and results have been documented, treatment of the contacts are prioritized according to the most current CDC recommendations/guidelines.

DOPT is also conducted by the CCHCS TB Elimination Program for the following contacts to active TB: contacts less than 5 years of age, contacts who are infected with HIV or are substantially immune-compromised. The CCHCS TB Elimination Program is also willing to offer DOPT to contacts to active TB who may end treatment prematurely because of social or other obstacles such as substance abuse, unstable housing, chronic mental illness, or lack of employment.

To help encourage patients to continue treatment, the CCHCS TB Elimination staff has taken the initiative to provide practical assistance to those emaciated TB patients who are unable to afford nutritious food. The staff members accept canned food donated by the community as well as personally donate fresh meat, produce, and/or protein sources for distribution to the patients. By extending this kind of personal attention, staff members are able to give these patients an added incentive to continue and complete their treatment.

QUESTION 12--Even though the CCHCS TB Elimination Program's central focus has been on effectively managing the growing workload associated with patient treatment, we look forward to improving our effectiveness by putting additional policies and procedures in place to examine cases in greater depth than is done currently. We will be implementing a formal case management process that will establish case loads for the nursing staffing and, in turn, have a greater measure of quality control and personal accountability. In addition, we have begun to implement a more formalized contact investigation review process to assure the exposure level of contacts. We have found that through the review process friends, family, coworkers, and medical contacts receive a more complete review for the size of rooms that are shared, the nature of interactions, and the time spent in the company of the case.

QUESTION 13—Infection control procedures. Universal precautions are observed in all areas of care for the patient whether the patient visits the clinic or the DOT outreach worker meets the patient at their home/workplace. Some standard practices include: hand washing, blood borne precautions, and respiratory precautions. CCHCS has also adopted the Infection Control Manual for Ambulatory Care Clinics—2009 Fourth Edition that was distributed by DSHS for use in all CCHCS clinics and for staff members, patients, and visitors.

For patients seen at the CCHCS TB Clinic, respiratory control measures consist of both environmental control of exam rooms and personal respiratory protection. Environmental control of CCHCS exam rooms is managed by the use of four designated rooms equipped with HEPA systems. The HEPA system provides 100% recirculation of the negative air flow that is produced in the rooms. The room is closed a minimum of one hour after a patient with infectious TB leaves the room. The system is inspected once per month by Facilities Management at Collin County.

To enhance the personal protection of all CCHCS staff, every staff member receives at skin test as part of their pre-employment as well as on a yearly basis. TB Elimination Program personnel are skin tested every six months. All TB Clinic staff and any other CCHCS employee who might have contact with active cases (front desk personnel, interpreters, etc.) are fit tested for N95 masks and instructed in their proper use. Routine re-fitting is carried out annually. CCHCS employees use N95 masks when they are in face-to-face contact with a known infectious case and when they perform procedures such as sputum collection or induction. TB suspects/cases that are considered contagious are provided with surgical masks to use while in the clinic.

QUESTION 14—Targeted TB Screening Programs for High-Risk Populations. The CCHCS TB Elimination Program staff understands the need to conduct targeted TB screening programs for high risk populations. Outreach services have been provided to the Samaritan Inn, Collin County's only homeless shelter and CCHCS staff have participated in local health fairs, visiting community group settings (churches), visiting business groups, and other opportunities to increase the public awareness of services offered by CCHCS. CCHCS has also partnered with the local jail medical staff to provide TB-related education to physicians and nurses. Of special note, we recently worked hand in hand with Heartland National TB Center, Children's Medical Center at Legacy, and the Collin-Fannin County Medical Society to host a day long conference to increase TB awareness (Think TB Conference, May 6th, 2010).

QUESTION 15—Provision of Professional Education and Training Programs. Education and training of the CCHCS TB Elimination Program staff is an ongoing process. New clinical employees are required to work through CDC Core Curriculum on Tuberculosis, 2000 immediately and then complete the updated on-line version. New TB Outreach Workers (DOT) staff members are required to have 40 hours of classroom instruction and 40 hours of field work instruction. Successful understanding of instruction is documented by a pre-test and post-test process, as well as use of a preceptor in the field. Targeted TB in-service programming is planned at least once annually for the entire TB Elimination Program staff. To supplement daily work experience, clinical personnel are scheduled to attend professional conferences as available. DSHS provides TB training as well.

A special effort was made this year to enhance the educational opportunities available to the medical community. On May 6th, 2010, the "Think TB" conference was held at the Children's Hospital at Legacy in Plano, Texas. Throughout the day and evening, participants had the opportunity to receive valuable information from the local health department, as well as regional experts on TB. The conference offered CME as well as Ethics hour credits for attendees.

QUESTION 16—Evaluation of immigrants and refugees. Immigrants, who enter the county with a designation of Class A, Class B-1, or Class B-2, must be seen in the CCHCS TB Clinic and evaluated by the MD/CCHA.

STRATEGY TO DOCUMENT THE EVALUATION OF CLASSED-IMMIGRANTS AND REFUGEES

[redacted]	A TB400A and TB400B will be submitted to DSHS which documents current treatment and follow-up.
	A TB400A and TB400B will be submitted that either rules out TB disease, thus a closure code of non-TB will be submitted, or; a TB 400A and B with the new change in ATS classification will be submitted. This will be done after the following is begun: 1. Review TST status. If documentation is not available, a TST will be administered. TST results will be evaluated as per ATS/CDC guidelines. 2. A current chest x-ray is taken and compared with the film from overseas. 3. Past TB treatment history is reviewed. 4. Collection of sputum for testing on three consecutive days. One collection will be observed by clinic staff. 5. Medication is prescribed as appropriate per ATS/CDC guidelines. 6. Follow up as appropriate per ATS/CDC guidelines
	A TB400A and TB400B will be submitted that either rules out TB disease, thus a closure code of non-TB will be submitted, or a TB 400A and B with the new change in ATS classification will be submitted. This will be done after the following is begun: 1. Review TST status. If documentation is not available, a TST will be administered. TST results will be evaluated per ATS/CDC guidelines. 2. A current chest x-ray is taken and compared with the film from overseas. 3. Past TB treatment history is reviewed. 4. Collection of sputum for testing on three consecutive days if deemed necessary by provider. 5. Medication is prescribed as appropriate per ATS/CDC guidelines. 6. Follow up as appropriate per ATS/CDC guidelines.
	Immigrants who enter the county with a designation of Class B-3 must be seen in the TB Clinic and followed as a contact. A form TB 340 will be submitted with information regarding the Contact Investigation and any treatment given.

[redacted]	*As funding permits, interferon gamma based blood test may be used in selective cases of all above categories when requested by Health Authority.

APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS

Note: It is not required that the respondent return the DSHS Assurances and Certifications with the proposal. Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications shall remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.

As the duly authorized representative of the respondent, my signature on FORM A: FACE PAGE certifies that the respondent:

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;

2. Under Government Code Section 2155.004, is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based;

3. Has a financial system that identifies the source and application of DSHS funds in a unique set of general ledger account numbers, permits preparation of reports required by the tract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts, and maintains accounting records that are supported by verifiable source documents;

4. Will give (and any parent, affiliate, or subsidiary organization, if such a relationship exists, will give) DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;

5. Will supplement the project/activity with funds other than the funds made available through a contract award as a result of this RFP and will not supplant funds from that contract to replace or substitute existing funding from other sources;

6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;

7. Will comply, as a sub grantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the respondent's governing body or of the respondent's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the employment of a person who has been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;

8. Has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this solicitation or procurement; does not have nor shall it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;

9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;

10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;

11. Will not require a client to provide or pay for the services of a translator or interpreter;

12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;

13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;

14. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this proposal;

15. Agrees to comply with the following to the extent such provisions are applicable:
    A. Title VI of the Civil Rights Act of 1964, 42 USC§§2000d, et seq.;
    B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
    C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.;
    D. The Age Discrimination Act of 1975 (42 USC §§6101-6107);
    E. Title IX of the Education Amendments of 1972 (20 USC §§1681-1688);
    F. Food Stamp Act of 1977 (7 USC §200 et seq);
    G. All amendments to each and all requirements imposed by the regulations issued

pursuant to these acts, especially 45 CFR Part 80 or 7 CFR Part 15 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);

H. DSHS Policy AA-5018, Non-Discrimination Policies and Procedures for DSHS Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability; and

I. Any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made, which prohibits exclusion from or limitation of participation in programs, benefits, or activities, or denial of any aid, care, service or other benefit;

16. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;

17. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;

18. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;

19. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;

20. Will comply with environmental standards prescribed pursuant to the following:

A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality";

B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans";

C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.; and

D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;

21. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;

22. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;

23. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation

and certification of clinical laboratories;

24. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;

25. Will not charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance project;

26. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;

27. As the primary participant in accordance with 45 CFR Part 76, and any of its principals:
    A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
    B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;
    D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and
    E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Business & Commercial Code , or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

    Should the respondent not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

    The respondent agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with sub grantees and/or contractors) and in all solicitations for lower tier covered transactions;

28. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93):
    A. No federal appropriated funds have been paid or will be paid, by or on behalf of the

undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;

B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the respondent shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and

C. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure;

29. Is in good standing with the Internal Revenue Service on any debt owed;

30. Affirms that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;

31. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;

32. Will comply with the following statutes and standards of general applicability. It is Contractor's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Contractor shall carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to Contractor, Contractor agrees to comply with the following:

a) The following statutes, rules, regulations and DSHS policies, and any of their subsequent amendments that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation, disabilities, age, substance abuse, political belief, or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107: 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91; 8) TEX. LAB. CODE. ch. 21; 9) Food Stamp Act of 1977 (7 USC §200 et seq); 10) US Department of Labor, Equal Opportunity E.O. 11246, as amended and supplemented;

and 11) DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs;

b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;

c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;

d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;

e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;

f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;

g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;

h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;

i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;

j) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;

k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;

l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;

m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;

n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;

o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, 42 USC §7401 et seq.; 10) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-330j; 11) Executive Order 13279, 45 CFR 87 or 7 CFR Part 16 regarding equal treatment and opportunity for religious organizations; 12) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers

system; and 12) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;

p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);

q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;

r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction sub-agreements;

s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;

t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations; "and

u) requirements of any other applicable state and federal statutes, executive orders, regulations, rules, and policies.

If this Contract is funded by a grant, additional requirements found in the Notice of Grant Award may be imposed on Contractor;

33. Under §§2155.006 and 2261.053, Government Code, is not ineligible to receive a contract under this RFP and acknowledges that any contract may be terminated and payment withheld if this certification is inaccurate. Sections 2155.006 and 2261.053 relate to violations of federal law in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or certain other disasters;

34. Affirms that the statements in these assurances and certifications are true, accurate, and complete (to the best of respondent's and its authorized representative's knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).